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DIVISION OF REVENUE

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OCT 16 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Amendment to Articles of LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Doniece Stockton

Name of Person

Sawyer & Sawyer, P.A.

Firm/Company

8913 Conroy Windermere Rd.

Address

Orlando, FL 32835

City/State and Zip Code

dstockton@sawyerandsawyerpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doniece Stockton

407 909-1900

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jamie R. Stockton	921 Leslie Lewis Rd.	<input type="checkbox"/> Add
		Havana, FL 32333	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jayson R. Strickland	921 Leslie Lewis Rd.	<input checked="" type="checkbox"/> Add
		Havana, FL 32333	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 10, 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jayson R. Strickland

Typed or printed name of signee